United Nations E/ICEF/2001/P/L.52

Economic and Social Council

Distr.: Limited
29 March 2001

Original: English

For information

United Nations Children's Fund
Executive Board
Annual session 2001
4-8 June 2001
Item 4 of the provisional agenda*

Summary of mid-term reviews and major evaluations of country programmes

Latin America and the Caribbean

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTR and evaluations described in the present report were conducted during 2000.

Introduction

1. In the year 2000, the Latin America and the Caribbean region carried out only one mid-term review (MTR), of the multi-country programme of the Eastern Caribbean. The present report summarizes the Eastern Caribbean experience and describes, in addition, three evaluations that took place in the region: a review of experiences from countries with advanced rights-based programming (Brazil, Costa Rica and Venezuela); implementation of the Brazilian Statue of the Child and the Adolescent; and the multi-country Amazon Subregional Programme for Social Action.

* E/ICEF/2001/7.

01-31269 (E) 070501

Country mid-term review

Multi-country programme of the Eastern Caribbean

2. The multi-country programme covers Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands. The country programme objectives are to: protect children and youth against violence, exploitation, early pregnancy, disease and addiction; improve the targeting and efficiency of social investment and increase budgetary allotments to reach 20 per cent of public expenditure for basic social services; and achieve or maintain progress towards the goals of the World Summit for Children.

3. The programme has four components: education for child development and participation; health and community life promotion; child rights promotion; and social investment, planning, monitoring and evaluation. For programmatic purposes, the subregion is divided into three levels: Suriname and Trinidad and Tobago, with programmes including a service delivery component benefiting deprived groups; the Windward Islands (Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines), with community-oriented capacity-building efforts based on successful non-governmental organization (NGO) experiences; and the remaining countries, where programmes focus on national-level social planning, child rights monitoring and institution strengthening. These levels basically correlate to national wealth and social indicator levels, thereby directing more resources to the least well off, while also pursuing common capacity-building goals across wealthier nations.

4. The MTR process included eight national meetings, two subregional meetings and a final meeting. Participants included Governments, key bilateral donors, United Nations agencies, NGOs and community organizations.

5. **The situation of children and women**. Social indicators have remained stable since the beginning of the country programme, at generally good levels. Under-five mortality rates range from 13 to 35 per 1,000 live births, maternal mortality is relatively low, and immunization rates are generally over 90 per cent. The multi-country area as a whole has met many of the goals of the World Summit for Children. However, in all the members of the Organization of Eastern Caribbean States (OECS), poverty continues to increase as a result of disruption of the banana trade and rising youth unemployment. Nor has there been significant increase in basic social sector budgets, which is a country programme objective.

6. A clearer picture of the situation of adolescents has emerged in recent years. Major challenges include violence, conflict with the law, substance abuse and declining employment. The key emergent issue, for adolescents and entire societies, is HIV/AIDS. With an HIV prevalence rate over 2 per cent, the Caribbean is in danger of suffering sub-Saharan-scale impacts. HIV is emerging as the leading cause of death in many countries. Both sexes are badly affected, and women account for 35 per cent of the cases in the region.

7. **Achievements and constraints**. The education for child development and participation programme contributed to the adoption of a Caribbean Plan of Action, now endorsed through legislation in some countries. This process drew on evaluations in four countries. A harmonization and integration of early childhood development (ECD) programme component and curriculum are beginning in all

countries, and are attracting the interest of such donor partners as the Inter-American Development Bank and the European Union. A community empowerment process for ECD in vulnerable communities has reached 50 per cent of the targeted areas, with special emphasis on education of parents. An early concern with sustainability prompted the formation, in July 2000, of a Caribbean association charged with supporting the development of national associations, which in turn coordinate national networking and government and NGO efforts in the area of education for child development and participation. In total, the subregional components are advancing very well, and the individual country elements are generally strong.

8. One goal of the health and community life promotion programme is to increase conflict resolution skills and promote communication on sensitive issues among adolescents and within communities. UNICEF supported training of over 1,400 teachers, parents and facilitators as a strategy to address such issues as racial stereotyping, adolescent sexuality and youth violence. The strong positive reactions by participants, including youth, have led seven countries to draft national policies and establish national committees to facilitate coordinated country-level implementation. This process is also being considered as a tool to support regional strategies to combat HIV/AIDS and reduce the use illegal drugs.

9. A second programme goal targets basic health services for at-risk groups and areas. Two additional hospitals were certified as "baby friendly" (which is significant in these generally small nations with high reliance on hospital deliveries), and over 65 per cent of maternity institution staff have been trained. A policy review is under way to ensure that HIV-positive mothers have support options. Immunization coverage is generally very good and was greatly increased in Suriname, a programme target area, where the training of village health promoters as extension workers helped raise vaccination levels from 70 per cent to 85 per cent, especially in the disadvantaged interior. Violence and reproductive health issues continue to be areas of high priority, for which gender mainstreaming has been promoted as a strategic management tool.

10. The child rights promotion programme objectives include institutional support for child rights and reporting on the Convention on the Rights of the Child. A number of countries have established a National Coalition on the Rights of the Child to oversee all child rights issues, and multisectoral coordination committees exist in eight countries. Partnerships are growing and include the intellectual resources of the University of the West Indies. This has enhanced capacity in reporting on the Convention and has improved programme coordination and greater acceptance of children's rights. The programme has facilitated the submission of eight initial or periodic reports to the Committee on the Rights of the Child and four others are being produced. Thanks in part to this reporting process, certain issues are receiving priority attention, among them juvenile justice. Initial research in this area has been conducted in all countries, and a regional consensus has been developed on how to proceed. A pilot legal reform process is being implemented in the OECS countries in conjunction with, inter alia, the OECS Secretariat. Although in general revision of legislation to comply with the Convention is proceeding slowly, notable advances have been made in Trinidad and Tobago, where legislation has been introduced that addresses deficiencies identified by the Committee on the Rights of the Child, and in Suriname, which is engaged in a similar effort.

11. The families and children programme component successfully advocated for a second chance for adolescents at risk of discontinuing their education. This led to formal policies in two countries to help teenage mothers return to school, and replication of these policies in others. Small gains were made in the prevention and treatment of child abuse; and three countries now observe April as Child Abuse Prevention Month, with major social communication efforts, among other activities. Anti-domestic violence efforts have been hampered, however, by certain societal norms.

12. Social investment, planning, monitoring and evaluation programme activities have created a heightened awareness of the importance of social indicators. The Ministerial Conferences on Children and Social Policy in the Americas provided opportunities for countries to review progress made towards the goals of the World Summit for Children. Social data monitoring systems are being promoted in partnership with OECS. Nonetheless, there are weaknesses in social data systems and in links between the monitoring of results and implementation of changes in national planning. As noted above, the advocacy efforts to increase national basic social service budgets have shown little success.

13. **Assessment of programme strategies: lessons learned**. The MTR validated the programme relevance and structure, and no major changes are called for in the country programme as a whole, although some changes have been made. Effective advocacy for a "good start in life" and social mobilization contributed significantly to the success of the education for child development and participation programme. However, the transition to a multi-component programme with learning, health, nutrition and care has been slow. There is a need within nations to consolidate these efforts under one management mechanism.

14. Simultaneous programming for children in school, out of school and in informal learning environments will assure better coverage of the health and community life promotion programme. Further, it is felt that HIV/AIDS prevention messages will be more effective when students, teachers and parents are reached at the same time.

15. A cooperative dialogue among the Government, NGOs and partners helps the Convention reporting process. Linkages between official and NGO reports have been strengthened and there is now less conflict. However, there is still dissonance between the Convention and the views of the public in the Caribbean on such themes as physical punishment of children. In addition, some segments of the population are unaware or have vague notions of the Convention. Since stakeholder ownership contributes to success, the promotion of the rights of the child must be increased.

16. The objectives of the social investment, planning, monitoring and evaluation programme are too ambitious considering national capacity, and there is a need to revise interventions based on programme resources and national capacity.

17. **Country programme management plan (CPMP)**. As no major changes to the existing programme were proposed, a major review of the CPMP was not called for. Because the projects in education for child development and participation and in basic education have expanded, there is a need for a project officer in education, which will be funded by unsecured donor financing. As was projected at the start of the country programme, Suriname now receives enhanced technical support,

including the first full-time UNICEF staff member, who leads a UNICEF liaison office.

Major country programme evaluations

18. The three evaluations in this report were selected to analyse how multi-year, multisectoral efforts are translating rights concepts into on-the-ground programming. The first is a regional evaluation of rights programming implementation in three countries (Brazil, Costa Rica and Venezuela), where significant strides have been made. The second looks at the multisectoral effort to implement a child and adolescent code throughout Brazil. The third looks at the second phase of the eight-country Amazon programme.

UNICEF programming with a rights-based approach: the case of Brazil, Costa Rica and Venezuela

19. Throughout the 1990s, Governments and their partners in the region worked to define social policies according to standards and principles established by the Convention on the Rights of the Child. By 1999, a body of experience existed, but there had been no systematic assessment or documentation. Brazil, Costa Rica and Venezuela were selected as initial case studies because the transition to a rights approach was perceived to be well under way. The objectives of the study were to: examine the legislative and social changes that had taken place in each of the three countries since the Convention was adopted as the framework for UNICEF cooperation; understand the processes through which the changes occurred, in particular the changes in public spending, institutional capacity-building, training and social mobilization, once legislative reform was accomplished; and assess the role that UNICEF had played in bringing about these changes.

20. An international consultant led the effort, assisted by three country-based national consultants. After a desk review, country visits focused on interviewing government officials, UNICEF staff and other key actors, in identifying effective rights-based programming in each country. A number of programmes were analysed to identify, where possible, themes common across societies and sectors.

21. Rights programming is often politically delicate. UNICEF and its partners must work at high political levels, while at the same time maintaining distance from the Government and other political actors to preserve the independence to propose policy interventions to all partners. Therefore, initial UNICEF strategies are often directed at engaging the highest levels of the political process and establishing relations with as many influential persons and institutions as possible.

22. While UNICEF has the moral stature to place important and sensitive issues on a national agenda, sustainable success depends on national "ownership", through the establishment of effective partnerships among a wide range of allies sharing the same values and concerns. This requires a broad mobilization of counterparts as well as mobilization of civil society. The more sensitive the issue, the wider the mobilization required.

23. While policy reform is often a starting point, rights interventions normally expand over time. It is common in many sectors to find that support is required in

legal reform, institutional development and capacity-building, monitoring of public expenditure, systems (coordinated multisectoral interventions) for rights guarantees, and mechanisms for the monitoring and evaluation of child rights. It almost always requires a focus of efforts at state, district and community levels. Rights programming therefore often coincides with decentralization efforts, which in many countries may be alternately innovative, conflict-ridden or poorly funded.

24. Child rights programming is more successful when there are numerous channels for civil society to exercise influence; when there is a well-developed institutional framework for delivering social services; when social organizations link communities to the state; and when constitutional instruments have a rights focus. The evaluation showed, in fact, that it was neither the Governments nor UNICEF, but civil society, that pioneered the use of the Convention as an advocacy tool.

25. The transition to a child rights approach can be hampered by: conservative economic and social policies characterized by paternalism and political patronage; the insufficient capacity of local-level bodies to assume the new responsibilities; the continued application of archaic law regarding minors; resistance to child rights concepts by executive, legislative and/or judicial officials; and the absence of valid, timely and relevant data and indicators on the fulfilment and violation of rights.

26. The structure of UNICEF country programmes is changing, mirroring the rights promotion strategies employed. Programme areas and projects have been reduced in number and have become more interactive, intersectoral and holistic in their approach to the child. On the other hand, the expansion in the number of partners resulting from decentralization and civil society participation places strains on programme management.

27. Based on the experience of the three countries, several priority areas of action are recommended for UNICEF in the coming years: reinforcing mobilization and advocacy efforts to ensure national commitments; reaffirming and mobilizing progressive social policies of equity and universality and advocating increased social expenditures; increasing popular knowledge of rights and reinforcing the organizations that help people demand their rights and denounce violations; expanding youth and adolescent rights education and participation; reinforcing the decentralization process; strengthening the institutions and methods used to monitor rights, especially by involving universities and developing better indicators; increasing international partnerships by more fully explaining a rights approach; and continuing to improve competence and management skills of UNICEF staff to adapt to the demands of rights programming.

Brazil's Statute of the Child and the Adolescent

28. The Brazilian Statute of the Child and the Adolescent (ECA), national legislation that translates the principles of the Convention on the Rights of the Child into on-the-ground programmes, completed 10 years of implementation in June 2000. As part of a national effort to reorient the ECA, the National Commission (comprising the National Council of the Rights of the Child and the Adolescent, UNICEF, the National Forum for the Rights of Children and Adolescents, and the Department of the Child and the Adolescent of the Ministry of Justice) requested a more formal evaluation to analyse the implementation process, results achieved, main constraints and lessons learned. The evaluators were also asked to define goals

for the next five years. The evaluation was so comprehensive that the results are still being discussed and assimilated by the different participants. Therefore, only those areas on which consensus has been achieved are reported here.

29. Two out of ten institutions that submitted proposals were selected to conduct the evaluation, which involved six months of research in various regions nationwide. To help understand processes and identify the direct and unanticipated outcomes and consequences brought about by ECA implementation, the methodology combined a review of documentation with eight regional and state meetings and one national technical workshop attended by experts in various ECA issues. Data collected via questionnaires and focus groups were used extensively, and an internet site was created to poll the public.

30. Critical initial impetus for the ECA came from the mobilization of, inter alia, civil society, child defence associations and the media. A critical but necessary break from the past was the acceptance of an integral protection doctrine (instead of the comparatively limited and legalistic Minor's Code), which combines the formulation and management of child-oriented public policies with social, education and special protection measures.

31. In order to strengthen institutions, national, state and municipal Councils of Rights (policy formulation and management) and Guardianship Councils (social, education and protection measures) were established. The National Council, which includes civil society members, was essential in boosting the state and municipal councils, in part through national conferences (in 1994, 1997 and 1999) and mobilization events carried out nationwide. Another important development was the design of integrated protection plans for children and adolescents. By August 2000, all 26 states and the Federal District had councils. Among the 5,507 municipalities, 56 per cent had Councils of Rights and 31 per cent had Guardianship Councils; further, 54 per cent of the constituted Councils of Rights had established a Fund for the Child and the Adolescent, another legal mechanism for the implementation of the ECA.

32. In spite of this progress, there were many difficulties, including: a lack of commitment by public authorities and the consequent concentration of power at the level of sectoral secretariats (health, education and social security); the absence of rewards or praise for good work; the lack of technical competence for managing the Fund; and a lack of understanding among councillors of the municipal budget, and the resulting inability to participate. In fact, the proliferation of sectoral secretariats led to weak coordination among them, and between the secretariats, the Guardianship and Rights Councils, and the judiciary.

33. In spite of the difficulties, there is widespread evidence that councils play an important role. They have participated in the municipal budget allocation and implementation processes (aided by an analytic and advocacy methodology of public spending developed with the assistance of UNICEF); promoted the networking of public service providers; helped sensitize the judiciary to integrated rights and how to handle violations; and publicly denounced the poor utilization of resources targeted to children and adolescents.

34. In the area of juvenile penal reform, the majority of the states are now providing alternatives to incarceration: "provisional freedom deprivation" was established in 78 per cent of the states, "semi-freedom" and "assisted freedom" in 74

per cent, and community service in 52 per cent (these are national terms for varying mixes of incarceration and supervised alternatives). However, reform of the prisons themselves, despite some effort, shows little progress. The ECA is still seen by large segments of the public as a law with little institutional efficiency or judicial effectiveness.

35. Lessons learned show that there is consensus that Brazil needs to continue efforts to make the ECA work. One key element of agreement is the need to strengthen social participation using both institutional and unofficial channels to increase involvement and alliance-building. The media must be more involved, especially in increasing an understanding of the ECA. Another area under discussion is direct adolescent participation, which has not been a major priority. It is felt that the right to participation (in culture, sports, leisure, politics and education) needs to be elevated to a core strategy and goal.

36. The councils and other elements of ECA implementation need greater technical competence. Yet institutional capacity-building will not be sufficient in and of itself. The main element in raising interest in, and legitimacy of, the ECA is to increase the demand by civil society to see that the rights of all children are met. In part, this means ensuring that people understand that the Statute was not created solely to protect the rights of children and adolescents at risk or in especially difficult circumstances.

37. As a method to increase knowledge and acceptance of the ECA, civil society must join in monitoring rights in Brazil. It is important that attention be paid to accountability, advocacy and equity in policy formulation and service delivery. Second, civic involvement in allocation of public capital via the funds and, more generally, in advocacy for social spending, is an underutilized resource. Successful efforts have been made in creating a training packet to analyse where government funding needs to be expanded, with an emphasis on greater involvement in defining local priorities and ensuring that funds are allocated in line with those priorities.

38. As lessons from the evaluation of the ECA are still being examined, it is possible that significant additional adjustments in objectives and strategies will occur. Yet on the whole, it has been concluded that its fundamental conceptual and organizational bases are sound, and that an intensification of efforts, rather than a reorientation, is needed.

The Amazon Subregional Programme for Social Action

39. The Amazon Subregional Programme for Social Action was established in 1992 and renewed in 1997 by the Executive Board for a five-year period, with an allocation of $20 million. The programme seeks to improve the welfare of the Amazon region's poorest populations, with special focus on children, women and indigenous peoples. Covering eight countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname and Venezuela), the programme is incorporated in each country programme and has been coordinated and monitored by the regional office. While staying within the broad objectives of the programme, country offices may choose different interventions. There are, however, numerous elements found in several countries, as well as some exemplary cross-national programming.

40. The evaluation was a contribution to the mid-term review of phase II of the programme. National and international consultants worked from terms of reference developed jointly by the regional and country offices. The review sought to examine programme objectives and strategies aimed at reducing social disparities and gaps in basic human development, through integrated demonstration programmes, including basic social services (primary education, health, water and sanitation), and to assess the institutional capacity-building for local management and decision-making, as well as community participation. The review sought to identify the added value of UNICEF involvement and to project how additional national and bilateral/multilateral inputs could take successful interventions to scale. Following a desk review, the consultants interviewed UNICEF staff, counterparts and beneficiaries. The findings were reviewed by a UNICEF team in a technical meeting held in Belem, Brazil, in October 2000.

41. Phase I targeted the immediate needs of sectoral activities that lacked institutional and/or financial sustainability. It was a trial and error period in a difficult programming environment. For example, services delivered by boat (e.g., in Ecuador's health care system) faced maritime problems in addition to mobilization, training and other issues. Efforts included baseline research and local alliance-building.

42. In many ways, phase I created a programming infrastructure and knowledge base for phase II, which moved towards greater horizontal and integrated approaches. Efforts went beyond direct delivery of services towards capacity-building of local government to improve service access and quality. UNICEF now provides technical assistance to municipal governments to prioritize social agendas and budgets, and to plan for better implementation. The most effective UNICEF interventions are in technical assistance for programme design, and in conceptualization, especially in applying ideas from regional and global experience.

43. UNICEF played an important role in breaking down sectoral walls and in overcoming distrust of decentralization processes at the central level. UNICEF added value as a neutral actor bringing different agencies together to further common agendas.

44. Partnership arrangements are still evolving. Integration requires multisectoral teams, which in districts often include the Ministries of Education, Agriculture and Social Affairs, the regional health service and local NGOs. Civil society groups are also increasingly involved, for example, the Catholic Church in Venezuela.

45. In the area of participation, efforts are concentrated in mobilizing communities to demand their rights and in increasing the formal involvement of beneficiaries. Women, in particular, have benefited in Bolivia and Ecuador, where they are increasingly active in local politics. In general, women, youth, the indigenous and other traditionally marginalized groups are not only voicing their opinions, but are also being heard. Participation is not directly linked to higher funding levels, however. In fact, programmes with fewer resources were found to generate a higher level of community ownership.

46. The growing involvement and more active participation of local institutions has resulted in a sense of project ownership on the part of communities, helping to create a sense of identity and common effort. Nonetheless, there is room for improvement. Whereas communities participate in community intersectoral planning

workshops, they are often excluded from district initiatives, and from the evaluation and monitoring processes. As a result, local ownership has not been achieved in several countries.

47. In the Amazon basin, large-scale disparities that disadvantage indigenous groups and others continue. Reducing these disparities requires support and action beyond the level of the programme. UNICEF and its partners must rededicate themselves at the country level to bring to light rights abuses and to advocate for public policies that uphold and enforce rights.

48. Lessons learned showed that coordination with local, regional and national planning agencies is critical. Given the number of countries, sectors and levels involved, the planning agencies ensure that the programme operates within national policies and that the tensions that exist between central and local governments are resolved.

49. The multinational potential of the programme has not been vigorously pursued and should have a more central role in coming years. Traditional diseases such as malaria, and new threats like HIV/AIDS, are best attacked in their risk zones, regardless of political boundaries. Yet this will require national and subnational cooperation across borders that is hard to arrange. Other issues of potential multinational cooperation are the cultural adaptation of services to promote user-friendliness, environmental awareness (e.g., in school curricula) and women's rights.

50. UNICEF can play a key role in accelerating the identification and cross-border dissemination of best practices. High priority will be given to areas where UNICEF has a strong comparative advantage — maternal mortality programming, social data and rights monitoring information systems, and bilingual and intercultural education.

51. While programme refinements will continue, it is time to work towards increasing the scale of the programme. A subregional component is needed to facilitate the best practices exchange and to forge regional alliances and solicit international support.

Conclusion

52. The MTR of the multi-country programme of the Eastern Caribbean is significant for two main reasons. First is the impact of the programme itself: in areas like health and community life promotion, it is piloting innovative approaches to some of the most sensitive issues in Caribbean societies, and doing so in a way that involves youth, adults and teachers. This programme, and many others, such as early childhood policy reforms, are creating entirely new structures, approaches and rights concepts in countries that, on the whole, have already made significant advances in the area of rights.

53. The programme is important in a broader way as well, because it is one of the few in UNICEF that cover several nations from a central location, and therefore has much less consistent contact with programme countries than those with a full UNICEF office. In effect, it is providing a model for countries entering the transition process in such areas as skills needed in the UNICEF offices; the use of regional bodies to maximize the limited UNICEF presence; and the types of programming that make sense in wealthier societies. As the country programme

moves into years 4 and 5, UNICEF should be monitoring both the impacts in programme countries and the processes by which UNICEF and partners are realizing success.

54. The evaluations taken as a whole are also important. They are process evaluations more than impact evaluations: that is, they analyse how programmes need to evolve within a rights framework, more than they attempt to discern specific impacts. Despite the differences in programme scale and national settings examined, similar themes are emerging. Among the consistent lessons are the increased need for strong public-civil society partnerships, and the need to consider comprehensive approaches, including constitutional/policy reform to public sector capacity-building and financing, decentralization and civil society involvement, and the need for good monitoring and evaluation to promote accountability. This comprehensiveness necessarily stresses programme management, and places a premium on effective alliance-building with national and international partners, and on improving the capacity of subnational governments and communities. UNICEF offices tend to change as programmes evolve: towards intersectoral teams that promote holistic planning, and towards fewer but thematically more comprehensive programmes. These and the many more points found in the evaluations are useful guidance for country offices embarking on similar efforts.

55. Yet the evaluations were not process evaluations only. Specific lessons have emerged on rights programming innovations, such as the Rights and Guardianship Councils in Brazil, and on planning to meet indigenous community needs. Not only are these lessons important to the programmes that sponsored the evaluations, they are also relevant to many other countries that have similar programmatic interests.

56. The evaluations provide important lessons, which are currently or will be widely circulated. The lessons learned/best practices identification and dissemination process is being strengthened in the region. In particular, new staff have been added in the regional office in part to address this issue, and regional and country-level staff have agreed to make it a priority. The Latin America and Caribbean region expects to be able to report in coming years on a greatly expanded and more effective process of identification and dissemination of lessons learned.

United Nations E/ICEF/2001/P/L.53

Economic and Social Council

Distr.: Limited
29 March 2001

Original: English

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East Asia and Pacific region

Summary

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Introduction

1. The present report covers the mid-term review (MTR) undertaken in Papua New Guinea, the only country in the region to undertake an MTR in 2000. The report also includes broad-based, end-decade evaluations and several sectoral project evaluations carried out during 2000.

2. Almost all of the countries completed an end-decade assessment exercise in 2000, and eight conducted multiple indicator cluster surveys (MICS) or other special surveys to complement information obtained from routine sources. Various other national surveys provided additional information to strengthen the end-decade assessments. Notable lessons learned included the need for reliable indicators and

* E/ICEF/2001/7.

01-31280 (E) 190401

clear baseline data if measurable targets are to be set, particularly those that aim for universal coverage or percentage reductions. Ten years after the World Summit for Children, there are still no standard indicators for most issues related to child protection. Analysis of the end-decade reviews revealed considerable "unfinished business" for the next decade, including unacceptably high levels of maternal mortality, persistent malnutrition, poor sanitation and major concerns related to child protection. The latter area covers many issues, including child labour, children in conflict with the law, those affected by HIV/AIDS, children with disabilities and those born into ethnic minorities. HIV/AIDS is a massive threat to the region, the true manifestations of which will only be realized after several years. Ensuring that appropriate programme indicators are in place, increasing resource mobilization, creating stronger and broader alliances for children, and maintaining a focus on priority issues will be required to overcome these persistent and pervasive threats to children's and women's lives.

Mid-term review of the Papua New Guinea country programme

3. The Papua New Guinea country programme for 1998-2002 was the first to be managed by the full-fledged country office in Port Moresby. The MTR meeting was the culmination of an extensive review process which began in mid-1999 with a series of sectoral consultations with government counterparts. The outcome indicated a need for some changes in programme direction consistent with the Government's "Initial Report on the Implementation of the Convention on the Rights of the Child", which went beyond survival and development rights and emphasized the need for better protection of children and women from abuse, exploitation and harmful working conditions. A second round of sectoral consultations reached agreement in principle on areas for UNICEF cooperation in the remaining years of the country programme.

4. The situation of children and women. At the start of the country programme in 1998, Papua New Guinea was in a period of acute crisis resulting from natural disasters, economic recession and political instability, exacerbated by a deteriorating security situation. In 1999, a new Government came to power and launched a series of economic reforms which are restoring investor and donor confidence that, in turn, are fuelling economic recovery. The changes in the programme environment relevant to UNICEF and the well-being of children and women were substantial. They included a clear identification of national priorities on basic education, primary health care, rural infrastructure and primary production, and the creation of a National Department of Planning and Monitoring to coordinate the Government's responses to children's issues. In addition, the accelerated decentralization to district and local government levels and the end of a long war did much to improve the macro-environment.

5. However, infant, child and maternal mortality rates (IMR, U5MR and MMR) remain very high. In 1999, IMR was 79 per 1,000 live births, U5MR was 112 per 1,000 live births and MMR was 370 per 100,000 live births. Almost one third of children were under weight. Only a small proportion of the population has access to routine health services. The generally poor health situation is exacerbated by the rapid spread of HIV infection. By September 2000, 3,145 cases had been reported, a

25 per cent increase in only one year. Some 90 per cent of infections are acquired heterosexually. The low status of women makes them particularly vulnerable, and cases of mother-to-child transmission (MTCT) are increasing. The MTR concluded that primary school enrolment had increased from 70 per cent in 1991 to 90 per cent in 2000, but other data sources, notably the Education for All exercise in 2000, suggest lower levels. Nevertheless, the trends in enrolment are positive, and an increasing number of children are graduating to grades seven and eight. Retention, however, remains a major problem, with 57 per cent of grade one entrants still failing to complete grade six.

6. Although women are guaranteed equal rights under the Constitution, and Papua New Guinea was the first Pacific island country to ratify the Convention on the Elimination of All Forms of Discrimination against Women, there are many barriers to women realizing their rights. Traditional attitudes tend to denigrate the value of women, subordinate women to men, and condone violence within and outside of the family. The result is poor health, poor nutrition, high mortality, and low levels of literacy, education and economic empowerment. Although a few women have achieved high social status in modern political, economic or professional life, the situation of the average woman, especially in rural areas, remains dire. Over 30 per cent of women are illiterate, and MMR is among the highest in the region.

7. **Achievements and constraints**. There have been some notable achievements in the social mobilization programme. The process to develop the first report on the Convention on the Rights of the Child (submitted in October 2000) drew national attention to children in need of special protection and stimulated action on law reforms. It also created new alliances for child protection, including the Departments of Home Affairs, Labour and the Attorney-General, together with a "Parliamentary Group for Children" and the Child Welfare Council. Based on this enhanced commitment to children, Papua New Guinea will prepare a National Plan of Action for Children for 2001-2010. Legislation for a Human Rights Commission is now before the National Executive. The Convention on the Rights of the Child has been translated into Pidgin, and various other materials have been developed to promote the Convention. Community drama is one innovative approach that has been effective in introducing the Convention. A National Child Rights Monitoring Committee, under the chairmanship of the Attorney-General, has been formed to coordinate monitoring and implementation of the Convention. Although HIV/AIDS received only brief mention in the original country programme, it has become a major part of UNICEF work due to the explosive growth of the epidemic. Through the reallocation of resources and additional regional funding, the UNICEF response incorporates advocacy, social mobilization, capacity-building and policy support for the prevention of MTCT, social marketing of condoms, community-based counselling and rehabilitation, and protection for AIDS orphans. Continued commitment and improved planning, monitoring, evaluation and the application of results to all of the above activities will be required to sustain the good initial progress.

8. Implementation of the capacity-building programme to develop the abilities of communities to meet the needs of women and children has progressed slowly. All of the preparatory activities – community mobilization, training and procurement – are complete. It is now expected that implementation will proceed more rapidly, so that by the end of 2001, the core package of interventions will have gone to scale in two

pilot districts and be ready for replication nationally. Work is currently under way to define a safe motherhood component that will be integrated in the core nutrition/malaria/immunization training package. Water and sanitation facilities have been provided at selected health centres. Innovative approaches are being employed to motivate and mobilize schoolchildren and community drama troupes for health promotion and HIV/AIDS awareness-raising. Some elements of the capacity-building programme, for example, literacy promotion and early childhood development, have not progressed. For others, notably basic education, progress has been slow.

9. Programme implementation was difficult in 1998 due to the multiple crises that engulfed the country politically, economically and socially. A return to stability in 1999 allowed accelerated implementation. UNICEF work, however, continued to be constrained by low funding levels and low levels of in-house technical capacity. The country programme is complex and will require considerable inputs of both financial and professional resources to achieve its goals.

10. **Assessment of programme strategies: lessons learned**. The MTR identified the need to accelerate implementation of many of the projects within the two major programmes if goals are to be met. Both national and UNICEF capacities need to be strengthened in order to respond to emerging children's issues, strengthen partnerships with non-governmental organizations (NGOs) and the civil society, and include community-based initiatives in support of national policy and programme formulation. Many lessons emerge from the experience of the last 30 months. Among the most important are the need to: (a) strike an appropriate balance between national and subnational interventions and between advocacy and action; (b) draw on global and local "best practices", and mobilize technical expertise in strategically important areas not addressed by Papua New Guinea's other partners (e.g. child rights, child protection, social mobilization and early childhood education); (c) build partnerships and alliances for children with all levels of Government, NGOs, civil society and the private sector; and (d) maintain sufficient UNICEF in-house technical capacity to adequately support counterparts.

11. The MTR indicated the need for a number of adjustments in the following areas that will be carried out in the remaining years of the country programme:

(a) In strategy: increased emphasis will be given to strengthening partnerships and alliances for children; mobilizing resources; formulating child-focused policies; and strengthening capacity for rights-based programming and planning, especially at subnational levels;

(b) In programme structure: UNICEF will work towards a five-programme structure comprised of health and nutrition; HIV/AIDS; child protection; education; and social mobilization. Community-based projects will be refocused as supportive elements of national policy implementation and will not in themselves constitute separate programmes;

(c) In programme activities: there will be increased activities in all programme areas where sound foundations have been already established during the first half of the country programme.

12. **Country programme management plan**. UNICEF in-house technical capacity will be expanded and enhanced to accelerate and strengthen programme implementation. Three new technical staff, one each in education, health and child

protection will join UNICEF in 2001. Additional staffing requirements will be reviewed in 2001 in accordance with the reformulated country programme.

Strengthening evaluation in the region

13. In addition to the regular programme-focused evaluations discussed below, the special exercises undertaken in connection with the end-decade reviews were themselves evaluative in nature, as systematic assessments of progress towards a set of planned objectives. Other related activities, such as data collection and analysis, served an essential supporting function.

14. In most countries, UNICEF was an active participant in the review process, and in one way or another supported this process and the preparation of country reports. The most substantial contribution of UNICEF was through its financial and technical assistance for MICS and other major data-gathering activities. The Democratic People's Republic of Korea, the Lao People's Democratic Republic, Indonesia, Mongolia, Myanmar, the Philippines and Viet Nam all conducted full-scale MICS or incorporated MICS questionnaire modules into other surveys, especially those modules covering topics such as child registration and AIDS awareness, on which little information was available from alternative sources. Cambodia carried out a comprehensive Demographic and Health Survey that collected basically the same set of data as a full-scale MICS, in addition to detailed information on reproductive health and related topics. In some countries, including the Lao People's Democratic Republic and Indonesia, MICS were carried out in conjunction with other surveys, thereby reducing total costs and providing opportunities for analysis using a broader range of variables than would be possible if each survey had been conducted independently.

15. While these surveys were generally prompted by the need to report on the end-decade status of the World Summit for Children goals, they also served several broader and longer-term objectives. One of these was to strengthen in-country capacity to plan and carry out future national surveys, and make more effective use of their results. This was accomplished in part through three regional MICS workshops carried out in 1999 and 2000 which focused on planning and survey design, data entry, and analysis and reporting, respectively, and were designed to train key UNICEF and counterpart staff from countries planning end-decade surveys. In addition, UNICEF technical and financial support for country-level implementation also helped to enhance knowledge and skills in survey design and implementation.

16. The data generated by the round of surveys in 2000 should also serve a broader purpose than assessing the current status of indicators related to the World Summit goals. They will enrich and expand the stock of child-related data in these countries, provide a reliable point of comparison with earlier data on the same indicators, and establish a baseline for future monitoring and assessment, especially for topics on which little systematically collected data currently exists.

17. End-of-cycle reviews were carried out in China and Myanmar, two of the seven countries that completed programmes of cooperation in 2000. The Myanmar review covered the entire country programme and focused on assessing implementation strategies and measurable results against stated objectives. The review found that the main objectives had been reached despite a very difficult

programme environment, although several areas were noted for improvement in the new country programme. The review process itself provided an opportunity for programme managers, from both UNICEF and the Government, to become more familiar with results-based programming. Wherever possible, the exercise also attempted at least a rough assessment of cost vs. measurable outcomes of the various interventions.

18. China's end-of-cycle review was organized as a series of separate reviews of major programme sectors: education; water and environmental sanitation; social development for poor areas; and selected health projects. Here, too, the review was designed to assess programme outcomes against stated objectives from the 1996-2000 programme as a major input into the design and strategy development for the new country programme. A more detailed presentation of the education component of the end-of-cycle review is included among the country evaluations presented below.

Major country programme evaluations

Evaluation of UXO (unexploded ordnance) awareness education (Lao People's Democratic Republic)

19. In the Lao People's Democratic Republic, the UXO project is a major component of the advocacy, protection and monitoring programme. The project is designed to raise public awareness of the dangers of UXO, and improve knowledge and skills, especially among children, for avoiding or minimizing these risks. Activities include the development and delivery of UXO messages through mass media and traditional media, the revision of school curricula to incorporate relevant information, village safety mapping, and the provision of "Sport in a Box" packages aimed at providing safe play alternatives for young children. The project is to be continued and expanded in the new programme cycle. The UXO project has been incorporated into the general communication strategy for **Facts for Life**, for which a special chapter on UXO has been developed.

20. An external evaluation was carried out to assess the appropriateness of the UNICEF strategy for promoting UXO awareness, and the effectiveness of project interventions in reaching audiences with essential messages and in promoting appropriate behavioural changes. In addition to UNICEF, agencies participating in the evaluation included the Lao Ministry of Information and Culture, National and Provincial Radio and Television, the Ministry of Education and UXO Lao, a consortium. Information was gathered at both national and community levels, focusing on in-school interventions such as curriculum revisions and "Sport in a Box", mass media public information programmes and village-based activities. The process by which target audiences and messages are identified, and the appropriateness of this process for UXO project-specific activities, was also reviewed. Finally, the evaluation attempted to identify specific obstacles to behavioural change in response to messages delivered through community awareness campaigns.

21. The key finding of the study was that the most successful areas of the UNICEF-assisted project are mass media and in-school curriculum. A set of indicators for measuring and monitoring project performance was developed as part

of the evaluation exercise. Specific recommendations included: advocacy for support and training of UXO Lao community awareness teams; improved data-gathering and analysis on UXO accidents; increased use of ethnic minority languages in the development and dissemination of messages (as many areas of UXO concentration are in the home territories of ethnic minorities); increased support to the Ministry of Education for the revision, production and training for a national UXO curriculum; improved message content and focus; and provision of assistance to child survivors of UXO accidents, and support for measures to de-stigmatize UXO survivors.

22. The study was timely in being carried out just prior to the formulation of the new country programme. Therefore, the recommendations have been taken into account in preparing a follow-up UXO awareness project.

End-of-cycle evaluation of the UNICEF/Government of China education programme, 1996-2000

23. This study was undertaken as part of the overall end-of-cycle evaluation of the China country programme for 1996-2000. Three projects, two in the formal sector and one in non-formal education, were selected for in-depth review. Specifically, the evaluation focused on the areas of design, implementation, outcomes and sustainability. The findings were expected to improve education interventions in the next programme cycle. A team of national and international consultants carried out the evaluation, with participation from local institutions and NGOs. A wide array of research tools and methodologies was used, including desk reviews, cross-sectional/transverse analyses, field observation, focus group discussions and interviews with key informants.

24. While the evaluation team found evidence of notable project achievements, such as teacher training and the provision of education materials at the provincial level and below that helped to further overall programme objectives, it also noted several areas requiring improvement in the new programme cycle:

(a) The programme was spread too thinly for effective management and adequate monitoring of inputs and results;

(b) The programme design was overly ambitious relative to available resources;

(c) Programme strategies, particularly in the formal education projects, did not adequately take into account broader, longer-term objectives of the education sector;

(d) The approach, particularly in the formal education projects, was basically top-down, with little involvement of local communities as channels for information-sharing and resource mobilization. There was limited strengthening of local capacity and a weak sense of community ownership;

(e) The lack of appropriate data and indicators hindered the ability of these projects to monitor change, measure outcomes and identify areas requiring increased attention.

25. Based on the recommendations of the evaluation, geographical coverage of the programme will be reduced in the new cycle. The new programme will be more focused, with monitoring mechanisms built into each project.

Assessment of the early childhood care project (Viet Nam)

26. This assessment was undertaken to establish the baseline situation in two diverse provinces of Viet Nam in preparation for expansion of the comprehensive early childhood care (ECC) project during 2001-2005. Phieng Luong Commune in Son La Province was selected as representative of a relatively well-developed category of communes, where indicators of access, communication facilities, economic potential, and health and education status are relatively positive. The second commune, Suoi Giang, is located in a remote and mountainous area of Yen Bai Province, inhabited largely by ethnic minority groups. This commune is much poorer than Phieng Luong, and generally scores much lower on social, welfare and economic indicators. Many local residents are not fluent in the national language, Vietnamese.

27. The Rural Development Services Centre, a local research institute, carried out the assessment in cooperation with UNICEF, the Early Childhood Development Department and the Viet Nam Women's Union. Participatory rural appraisal methods were employed, including workshops, focus group discussions, semi-structured interviews, key informant interviews, mobility maps and site mapping. This information was supplemented by secondary data from local government agencies and institutions. In addition to community-level data, the study also collected information on social and cultural practices, time-use patterns, child-caring practices, gender-based economic roles and other data likely to affect receptivity to and sustainability of ECC project inputs.

28. Detailed community profiles for both Phieng Luong and Suoi Giang communes were developed from this information. From analysis and comparison of these profiles, an extensive list of recommendations was derived to assist in the planning and development of ECC activities in areas corresponding roughly to one or the other study sites. For the better-off, culturally mainstream areas, the recommendations focus largely on qualitative improvements or upgrading, such as better maintenance of existing infrastructure, facilities and equipment, and strengthening of knowledge and skills among teachers and officials for better communication of ECC-related messages. Many of the needed resources can be mobilized locally, with relatively limited supplementary support, coordination and technical assistance from outside. In remote areas, the problems are more basic, including illiteracy, a lack of accessible schools and health services and the use of minority languages. In these areas, the need for outside resources will necessarily be greater.

29. Previous experience with ECC pilot project implementation had shown that goals and objectives must be clearly stated, and appropriate and sensitive indicators are needed to measure outcomes. Sustainability requires that communities feel responsibility and ownership. Coordination among the implementing agencies — UNICEF, the Early Childhood Development Department and the Viet Nam Women's Union — is also essential.

30. Building on the ECC assessment and on the lessons learned through experience, implementation in the new programme cycle will include the development of commune plans of action, with broad participation by all major stakeholders from these local communities, including representatives from local government, mass organizations, local leaders and parents. The need to fine-tune overall ECC project objectives to take into account local needs, concerns and conditions has been recognized.

Conclusion

31. The MTR in Papua New Guinea outlined above rigorously examined the achievements and constraints at the mid-point of its country programme. Based on the review, changes in the programme and mid-course adjustments are being made. The need for a Pacific subregional perspective to more comprehensively manage UNICEF responsibilities in Papua New Guinea and the Pacific island countries has been identified by the Regional Office.

32. This report has also given attention to the end-decade assessment exercise undertaken by most countries in the region. In many countries, this may well have been the most significant evaluation activity undertaken during the year, or perhaps for several years. These reviews were especially important in that they provided an opportunity to consider, on a much longer time horizon than is usually the case, the progress countries in the region have been able to make on behalf of children and women.

United Nations E/ICEF/2001/P/L.54

Economic and Social Council

Distr.: Limited
3 April 2001

Original: English

For information

United Nations Children's Fund
Executive Board
Annual session 2001
4-8 June 2001
Item 4 of the provisional agenda*

Summary of mid-term reviews and major evaluations of country programmes

South Asia region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2000 and early 2001.

Introduction

1. Mid-term reviews (MTRs) were conducted in Maldives and India in South Asia during 2000 and early 2001, respectively. Five major evaluations have also been selected for reporting to the Board in 2001. These are: (a) basic education for hard-to-reach urban children in Bangladesh; (b) Intensive District Approach to Education for All (IDEAL) project in Bangladesh; (c) oral rehydration therapy (ORT) communications campaign also in Bangladesh; (d) hygiene and sanitation project in Eastern Nepal; and (e) evaluation of the UNICEF contribution to the Education for All (EFA) Assessment in South Asia.

* E/ICEF/2001/7.

01-31902 (E) 020501

Country mid-term reviews

India

2. The master plan of operations (MPO) 1999-2002 was signed only in May 1999, and many programmes became operational only during the second half of 1999. Thus, there has been effectively just over one year of programming of the current MPO in most programmes before the MTR exercise. During this period, unforeseen emergencies and natural disasters, such as the super cyclone in Orissa and severe droughts in Gujarat and other states, have affected implementation of the MPO. The severe earthquake in Gujarat that struck on 26 January 2001 affected the MTR. Despite these unforeseen events, the MTR was undertaken jointly by the Government and UNICEF in early 2001. The planned participation of other United Nations organizations and donor representatives could not take place in light of the urgent need to respond to the Gujarat earthquake emergency. The results of the MTR will be shared with other United Nations organizations and donor representatives at the country level.

3. **The situation of children and women.** India crossed the 1 billion population mark in May 2000. Three new states — Chattisgarh, Jharkhand and Uttarancha l — were formed in November 2000. The Government has continued to push for an agenda of economic reform. The economy has shown a marginal acceleration in the overall growth of gross domestic product, which grew at the rate of 6.89 per cent per year between 1991-1992 and 1997-1998, compared to 5.55 per cent in the 1980s. However, the aggregate picture masks differences across the country. Growth has slowed in seven states since the reforms. Regional income disparities are increasing, and there are also signs of increasing inequality in the personal distribution of income. There has been a marked decline in the rate of growth of real wages across the country.

4. Assessing the situation of children and women has been helped by the release in October 2000 of the second National Family Health Survey (NFHS-2) data for 1998-1999. It again shows that while there is progress, a few states in India account for the slow progress in national averages. NFHS-2 reports that 79 per cent of children between 6-14 years old were attending school compared to 68 per cent in 1992-1993 as reported in NFHS-1. The gap between boys and girls has also narrowed, with attendance by girls increasing by 15 percentage points during the period, more than double that for boys. However, 35 million girls and 25 million boys are still out of school. The picture is worse for some states; for example, in Bihar State, almost one half of the girls are not attending school.

5. Health data reveal that the infant mortality rate (IMR) has stagnated at around 70 per 1,000 live births for the fourth consecutive year. In Orissa, Madhya Pradesh, Uttar Pradesh and Rajasthan, it is over 85 per 1,000 live births. It is also higher among the scheduled castes and scheduled tribes compared to the rest of the population. Maternal mortality remains high, with no significant change in the past six years. Uttar Pradesh and Rajasthan report maternal mortality ratios of 707 and 670 per 100,000 live births, respectively, in 1998. The proportion of deliveries attended by a trained health professional has also increased only marginally since NFHS-1 from 34 to 42 per cent. The proportion of fully immunized children has also declined from 68 per cent in 1996-1997 to 47 per cent in 1999-2000.

6. There has been significant success in polio eradication. More than 150 million children under five year old have been covered during each of the National Immunization Days. In the sixth year of the polio eradication drive, the number of confirmed wild virus polio cases has declined to 263 from 1,934 in 1998. The goal of interruption in polio transmission will be achieved in all but two states by the end of 2001, and it is hoped that certification will be realized for the country as a whole three years later.

7. Limited progress has been made in combating malnutrition. The percentage of malnourished children under three years old has decreased to only 47 per cent from 52 per cent between NFHS-1 and NFHS-2. NFHS-2 data suggest that 22 per cent of children born in India are of low birth weight. Over 52 per cent of women are found to be anaemic, with rates even higher among younger women and those from scheduled castes and tribes. Almost 75 per cent of India's children below three years of age were found to be anaemic.

8. There has been a consistent improvement in access to safe drinking water. Some 83 per cent of habitations are "fully covered", and only 2 per cent are "not covered". Sanitation coverage is showing a slow but steady increase of over 1 per cent per annum. The proportion of households with toilets is around 36 per cent.

9. **Achievements and constraints.** In health, polio eradication has been the major drive in the current MPO. The emphasis on polio has paid dividends, but there is now a need to decide on future strategies once India achieves zero polio status, as is expected by the end of 2001. The focus will remain on the few states that account for the remaining wild polio cases. The MTR also noted that more effective strategies are needed to address stagnation in IMR and the declining coverage of routine immunization.

10. Other areas of focus in health are maternal mortality and neonatal tetanus, where efforts covered 46 districts in 4 states covering 10 million women of child-bearing age who were immunized during the period of the MPO. The border district cluster strategy was also started in 48 districts covering an estimated population of 80 million. The MTR indicated that the results and impact of this strategy will be monitored over the remaining two years of the MPO.

11. Priority areas for UNICEF support for HIV/AIDS have been identified. The focus of this programme will be on the prevention of mother-to-child transmission (MTCT); adolescent health and development, with a focus on life skills; and advocacy for care and attention to children and families affected by HIV/AIDS. The UNICEF-supported pilot project on the prevention of MTCT saw 85,000 pregnant women benefiting from antenatal care, 62,000 counselled and 46,000 tested.

12. Support to education has focused on: (a) quality, such as through the "Joyful" learning strategy now operating in 100 of the 524 districts; (b) access to reach the unreached, such as through the girls' education project in selected districts of Uttar Pradesh and Rajasthan; (c) promoting decentralized community-based initiatives, such as through the primary education enhancement project supported by the Government of Australia and the joint United Nations project (*Janashala* or Public School Scheme) for microplanning in 100 blocks in 8 states; and (d) strengthening advocacy and partnerships, such as that for universal elementary education, which has contributed to the launching of the *Sarva Shiksha Abhiyan* (Universal Elementary Education) by the Government.

13. Despite the achievements in education, more concerted action is needed to universalize elementary education, especially among disadvantaged girls, scheduled castes and other socio-economically disadvantaged population. The MTR recommended that UNICEF should intensify its advocacy for universal elementary education, schools for the urban poor, and support evaluation studies. At the same time, greater attention needs to be paid to improving the quality of education, strengthening monitoring systems and supporting innovation in education. UNICEF also needs to intensify its support to decentralized community-based initiatives, explore more effective ways of ensuring convergence in schools by intensifying the life skills approach for bringing about behavioural changes, and focus on promoting inclusive practices in schools.

14. Nutrition remains a major challenge in India. During the period of the MPO, the dialogue on the twenty-fifth anniversary of the Integrated Child Development Scheme (ICDS) resulted in widespread endorsement of the need to focus on the prenatal to under three-year-old age group. UNICEF has continued to collaborate with the World Bank on the ICDS III project, which has been acknowledged as a "best practice" during the assessment of UNICEF-World Bank cooperation in several countries, of which India was a part. In addition, UNICEF support for child development through ICDS is on track.

15. Communication materials and applications to improve early childhood care are in process in many states. To combat the prevalence of low birth weight, a community-based strategy is being tested in five districts of three states. An evaluation of the strategy of linking vitamin A distribution with the administration of oral polio vaccine has been found to be safe and effective and has reduced the incidence of Bitot's spots. During the MPO period, the central government ban on the sale of non-iodized salt was lifted. Although this is a setback, no state bans have been lifted, and the situation is being monitored by the Government.

16. Given the challenges in nutrition and the Government's desire for enhanced support from UNICEF, the MTR has identified the need for refinement of the objectives and strategies in nutrition in the MPO. A two-track approach — strengthening interventions over the next two years based on the intergenerational life cycle approach, and continuing the intersectoral strategy — has been identified in the MTR.

17. The World Health Organization certified India as guinea worm free in February 2000. In sanitation, hygiene and water supply, UNICEF has supported sector reforms, with a key intervention to move towards decentralization. This will enable people's participation in the long-term planning and management of water resources, the environment and sanitation. UNICEF has also been deeply involved in strengthening drought preparedness efforts. The need to provide relief and rehabilitation after severe droughts has posed a serious challenge in the past two years. The school sanitation programme has shown notable success and is a priority area of support. The MTR identified the need for a greater focus in the remaining two years and into the next country programme on: (a) natural calamities; (b) improving the sustainability of water sources, including water resources management; (c) expanding coverage of school sanitation; and (d) addressing water quality issues.

18. Convergent community action has been a major thrust area of the MPO. Strategies were to be developed for application to all areas, leading to models for

achieving convergence in select states and districts. Support has ranged from building the capacity of *panchayats* (administrative districts) to monitor the activities of *gram panchayats* (village administration bodies) by an intersectoral team including children, to linkages with rural banks and thrift and credit schemes to give a further push to the empowerment of women. While the concept of the Common Country Assessment has universal appeal, its implementation has been successful in only some states. There are still issues of demonstrating impact and results, and evolving into a strategy integral to other programmes, rather than remaining as an independent vertical programme.

19. Support for child protection has covered many areas, including child trafficking and abuse, street children, juvenile justice, and support of non-governmental organizations (NGOs) to promote awareness and actions. The MTR has identified that special attention should be given to strengthening actions towards the elimination of child labour.

20. The review of India's Initial Country Report to the Committee on the Rights of the Child took place in June 1999. In response to the Committee's comments, the Government prepared its response for the plenary session of the Committee held in January 2000. In support of implementation of the Convention on the Rights of the Child, UNICEF facilitated the drafting of a comprehensive Children's Code, which will be discussed with government counterparts with a view to integrating it in the Indian legal context.

21. **Assessment of programme strategies: lessons learned.** Apart from specific actions noted earlier for some of the programmes, there are some broader lessons that will need to be reflected in the development of programme strategies for the next country programme. Given the resources of Government, there is the perennial need to clarify the precise nature of the UNICEF contribution. Although UNICEF provides strategic support in some areas, particularly advocacy, there is a need for the definition of clear time-bound outcomes that can be measured periodically and over the long term. The UNICEF potential in advocacy is greatly appreciated and needs to be further tapped, particularly through more policy-oriented analysis.

22. The need for a geographic programmatic focus has also been identified. Different programmes focus on districts independently, responding preferentially to the priorities of their counterpart departments rather than working jointly to promote a strategy of convergent community action.

23. Disaster preparedness needs to become an integral part of UNICEF support. This requires the building of adequate capabilities within UNICEF so that localized disasters do not disrupt the functioning of the entire organization. In the rehabilitation phase, paying special attention to restoring education for affected children has been identified as an area of focus for results.

24. **Country programme management plan (CPMP).** The CPMP has been updated regularly for the country management team and reviewed. Programme implementation and effectiveness have also suffered as a result of delays in filling key posts. Risk and control assessment peer reviews have been conducted in all 10 state offices as well as in the supply and procurement section. While changes in the staff structure will be minor over the remainder of the programme cycle, strengthening of the information technology and supply and procurement areas is urgent. Moreover, additional resources to cover the relocations of premises and the

upgrading of office security, logistics and telecommunications not anticipated in the CPMP, need to be found.

Maldives

25. **The situation of children and women.** The significant reductions in infant deaths to 20 per 1,000 live births is partly the result of investments made by the Government to ensure universal immunization. During 1999, Maldives was successful in maintaining the coverage of all expanded programme on immunization vaccines, including hepatitis B, at above 95 per cent. The country is approaching polio free as well as neonatal tetanus free status.

26. While more infants are surviving, a number of those who do are of low birth weight. In Maldives, low birth weight is related to intra-uterine malnutrition. Child malnutrition remains a problem. The United Nations Development Programme (UNDP) Vulnerability and Poverty Assessment shows that more girls than boys were stunted and wasted. Many factors account for the prevalence of malnutrition in Maldives, including: dietary habits and preferences; inadequate access to health care; poor infant feeding, child-care and hygiene practices; and the high incidence of certain infections. There is also a high prevalence of anaemia.

27. Available statistics indicate that drug abuse is a problem that needs to be addressed urgently. Sexual behaviour associated with drug abuse is the single most obvious potential risk factor for HIV. The majority of drug abusers are adolescents residing in Male; many are school-leavers or drop-outs.

28. From January 2000, primary education has become a seven-year cycle starting at six years of age. The major internal efficiency concerns are drop-outs, repetition and learning achievement. A lack of education opportunities beyond the basic cycle is a major problem in certain island schools. An insufficient number of trained teachers and the near absence of child-centred active learning affect the quality of education.

29. **Achievements and constraints.** In the programme on survival and physical development, the supply of vaccines and immunization-related equipment has been the main focus. The MTR identified the need to phase out this support and move to the areas of low birth weight, child malnutrition, Integrated Management of Childhood Illness and, as part of the larger United Nations effort, support for the fight against HIV/AIDS. Support for reimbursable procurement of vaccines and supplies will be continued.

30. Support for early childhood development (ECD) has registered remarkable success with the development and dissemination of innovative messages through the media. The evaluation and review exercises for the MTR identified the need for a special focus on the poor quality of education in 22 schools of 22 underserved islands. A poor understanding of ECD at household and community levels was also targeted for special attention.

31. Support for the procurement of water tanks for rainwater harvesting is a major success story in Maldives. This support can now be phased out. The focus will now be on assistance to school water and sanitation and convergence of inputs and activities in the 22-school project.

32. **Assessment of programme strategies: lessons learned.** To do more with less requires UNICEF to remain strategic in its support and leave areas in which the Government has existing capacity for sustainability. The Government has the capacity to meet the resource needs for ensuring quality basic social services for all Maldivian children. UNICEF support should continue in areas where there is a need for "lighting the lamp" on new areas of children's needs and rights, build capacities and provide technical expertise for furthering the national effort.

33. In keeping with this principle, the country programme will phase down its support for immunization, the provision of supplies for health centres, and water supply tanks for rainwater harvesting. The programme will focus instead on the following critical areas: disparity reduction and convergence; health and nutrition, focusing on information, education and communication; the quality of education, with special emphasis on child-centred learning and related teacher training; capacity-building for the development of curriculum and materials for multi-grade teaching and for the 22 underserved schools initiative, as well as ECD; and child rights and protection.

34. The nutrition programme in particular has not progressed well. In the remaining two years, nutrition data will be collected on an ongoing basis, but planning for some activities will start in 2001 and a plan of action will be developed. The 22 schools project will be initiated in partnership with other agencies. This project will be converted to a 22-island project, with the convergence of health, nutrition, water and sanitation, quality education and social communication. Baseline data and impact indicators will be identified at the start of the project to allow for subsequent meaningful monitoring of results.

35. In the next country programme, ECD will stand alone as a multisectoral programme. The strategy will be refined to ensure that the poorest and underserved children are being reached.

36. Given the available resources, Maldives is on track in addressing protection and rights-based programming. This is especially evident in the ECD project, and lessons learned will be applied to the entire country programme. Advocacy will increase with regard to the Government's recognition and practice of defining a child as anyone under the age of 18 years, in accordance with the Convention on the Rights of the Child. Additional funding will be sought to ensure that model programmes and media reach all Maldivian children and their families in this unique geographic environment.

37. **CPMP.** No major changes to the CPMP were identified during the MTR.

Major country programme evaluations

Basic education for hard-to-reach urban children (Bangladesh)

38. Two and one half million children aged 10-14 years work in the informal sector in urban areas in Bangladesh. For many of these children, poor pay, long hours of work, little or no security of employment, and limited primary education opportunities are the norm. In 1994, together with the Directorate of Non-formal Education (DNFE), UNICEF developed an urban non-formal education project

aimed at meeting the needs of working children not reached by either formal or informal education systems.

39. The project aims by 2003 to create learning opportunities for over 350,000 children working in hazardous and exploitative jobs, helping them to move out of these jobs while developing the capacity of Government, NGOs and civil society in this area. NGOs are selected by DNFE to operate learning centres that provide a two-year course for working children. Each centre enrols 30 children, and teachers receive training and a stipend. Centres operate for two hours each day, six days a week, and all learning materials are provided. The planned average cost per learner is $35, assuming there are no drop-outs. Funds come from UNICEF regular resources ($5 million, including contributions from several National Committees for UNICEF), and through other resources, notably a $7 million contribution from the Department for International Development (United Kingdom) and $5 million from the Swedish International Development Authority and the Government of Bangladesh. In October 1997, 37 NGOs in Dhaka opened the first 2,000 learning centres. By November 2000, 202,950 children, more than one half of them girls, had been enrolled in 4,410 learning centres operated by 145 NGOs in six major cities.

40. The evaluation assessed the basic competencies of learners in centres managed by 100 NGOs and examined NGO efficiency. A total of 6,999 learners enrolled in 503 centres operated by 100 NGOs in two major cities were assessed. It also involved interviews with 1,508 learners, 503 teachers, 134 supervisors, 65 NGO managers, 490 centre management committee members, 503 parents and employers of learners, and 366 drop-outs from the learning centres.

41. As a result of the evaluation, all parties have agreed to the following changes. For learners already enrolled, NGOs will be supervised more closely. The opening of the remaining 5,000 planned centres was delayed until agreement was reached on changes needed to make the centres more effective. A revised process for selecting NGOs to operate the new centres based on stricter criteria has been proposed. For NGOs already contracted, operations will continue as agreed, at least for now. For new centres, NGO orientation has been revised, with more emphasis on enrolling working children, more effective teaching methods and avoiding the replacement of drop-outs with new learners. The training of teachers and supervisors is longer and improved. Monitoring and support systems are stronger. A more flexible modular system has been introduced to control the drop-out and replacement problem, and to meet the varying needs of learners. The lessons learned from this evaluation will be incorporated into a redesigned project in which a key feature will be partnering with experienced and capable NGOs.

Intensive District Approach to Education for All (IDEAL) project (Bangladesh)

42. IDEAL contributes to achieving national targets for enrolment, completion and learning outcomes through three sub-projects. The first is school planning, which involves the community in school management, thereby developing its sense of school ownership. The second, local-level planning and management, shifts management to the subdistrict and schools themselves. Two major activities are school catchment area mapping, which identifies school-aged children in a geographical area so that enrolment and attendance can be monitored; and school

planning. The third is improving learning through Multiple Ways of Teaching and Learning (MWTL), an approach developed by Dr. Howard Gardner, a cognitive psychologist at Harvard University (United States) Teachers are taught to use a variety of teaching styles beyond the usual rote learning methods. IDEAL plans for 1996-2000 were ambitious, with progression from pilot phase to national coverage within five years. This would have required other resources of $64 million, all available starting in January 1996. In the end, implementation and fund-raising were gradual. Modest funding was raised initially, including $5.5 million from the Australian Agency for International Development, $2.7 million from the World University Service of Canada and $2 million from National Committees. Beginning in one school in 1996, in a partnership with the Directorate of Primary Education (DPE), IDEAL is now in over 20,000 schools in 24 districts. An agreement was signed recently for $10 million funds-in-trust from the International Development Association, channelled through UNICEF.

43. The evaluation had three components: the first examined education quality; the second looked at local-level planning and management; and the third analysed implementation. Changes are taking place in IDEAL schools, with a greater variety of teaching-learning activities being used. One-way delivery to the whole class is 50 per cent less in MWTL classes. Interactive methods, such as group work and role plays, are used 50 per cent more in MWTL classes. In mathematics classes, 31 per cent of the time is spent solving problems compared to only 14 per cent in traditional schools. In environmental science classes, where the development of concepts and analytical thinking is crucial, children in IDEAL schools are engaged 75 per cent of the time in interactive or individual work, compared to only 25 per cent in non-IDEAL schools. According to education officials, IDEAL has introduced a new management and planning culture. Respondents observed that the strengths of IDEAL include participatory management, planned development, adjustment to changing conditions, enhanced school quality, social mobilization, monitoring and school supervision. The evaluation highlights weaknesses within DPE, which constrain IDEAL. These include inadequate staffing at all subnational levels; poor knowledge of modern administration, management and planning methods; and poor knowledge of fund management and resource mobilization.

44. The evaluation has resulted in adjustments to the project. IDEAL has been extended for the next five years, with plans for full national coverage with multi-donor support. Changes will be introduced more gradually, and support activities will extend over a longer period. Training in MWTL will be longer, with more follow-up and support for teachers. A new component has been added — working with teachers to assess learning. Finally, support for DPE will be strengthened.

Evaluation of the oral rehydration therapy communication campaign (Bangladesh)

45. Efforts to reduce the numbers of deaths due to diarrhoea were accelerated in the early 1990s in Bangladesh at a time when deaths among children under five years old were reported to be about 250,000 per year. In the early 1990s, the correct knowledge of care-seeking behaviour was only around 20 per cent, and 20 per cent of children with diarrhoea were receiving increased fluids and continued feeding. By 1994, the picture had changed. Around 45 per cent of children with diarrhoea were being given increased fluids, and the numbers of deaths per year due to diarrhoea

had been about halved. While this shows impact, programme stakeholders agreed that there was room for improvement. In 1995, a major ORT communication campaign was developed with the aim of targeting people who had not been convinced to change their practices. The campaign and its evaluation were funded entirely through a contribution of $5.2 million from the Government of the Netherlands. The campaign was designed to run for three consecutive diarrhoeal seasons between 1996 and 1999. The target was an ORT use rate of 80 per cent by 1999. The campaign consisted of standardized mutually reinforcing messages reaching child caretakers through a wide range of information channels using nine different packages.

46. The evaluation began at the end of 1999. It examined knowledge of the three golden rules (give extra fluids; continue normal feeding, including breastmilk; consult a health worker, if needed), the use of ORT among caretakers, and the effectiveness of the different communication packages. Information was collected through a national survey of 16,000 caretakers, 600 service providers, 800 students and 150 managers, and followed up on a baseline survey in 1996. Knowledge of the rules had increased from 4 to 46 per cent, with an impressive increase in knowledge of the need for increased fluids (from 37 to 99 per cent) and continued feeding (from 12 to 59 per cent). Demographic and Health Surveys carried out in 1996/97 and 1999/2000 are a good independent source of information on changes in ORT use rate. Among children under five years old with diarrhoea in the two weeks before the survey, those who received oral rehydration salts or home solutions increased from 61 to 74 per cent. The increase was due mainly to the increased use of the packet solution (from 48 to 61 per cent), which occurred almost entirely in rural areas. Those receiving home-made solutions dropped from 28 to 24 per cent. There were no gender differences before or after the campaign. Generally, the use of home-made solutions decreased slightly. More educated mothers remain more likely to use ORT before and after the campaign, with use rates up across all education levels.

47. The evaluation found that the health worker and school packages have been the most successful campaign tools; students' knowledge increased from 10 to 81 per cent. By 1999, virtually all schoolteachers advised about diarrhoea cases compared to just 20 per cent in 1996.

48. Follow-up campaigns are now being designed with a greater degree of sophistication aimed at a clearer target audience. More use could be made of electronic media, for example, mini-dramatizations on radio and television with unusual plots and characters. Increased use will be made of interpersonal communication strategies, such as promoting satisfied acceptors of ORT to speak out at small group meetings.

Evaluation of the hygiene and sanitation project in Eastern Nepal

49. UNICEF Nepal has been a major partner of the Government in the water and environmental sanitation (WES) sector since the 1970s. In the last few years, the focus of UNICEF WES support in Nepal has shifted to sanitation and hygiene promotion. The sustainable sanitation and hygiene promotion project was implemented in all 16 districts of the eastern region in collaboration with the Department of Water Supply and Sewage. The project aims to improve the hygiene

and sanitation practices through the basic sanitation package strategy. The strategy operates through a three-pronged approach: a media and interpersonal communication campaign; the provision of community-based health and hygiene education; and facilitation of WES infrastructure development to improve knowledge, attitude and practices in five areas of personal hygiene and sanitation. Those areas are: handwashing; use of the latrine; protection of water and food; cleaning of the house and yard; and the use of ORT. Approximately $240,000 have been allocated for project activities since 1997. To date, $225,150 have been disbursed. The funding source of the project is the Foundation Council of Liechtenstein.

50. The objectives of the evaluation were: (a) to measure project progress using the basic sanitation package indicators to determine the results reached since the start of the project; and (b) to determine what remains to be done before phasing out. The knowledge generated by the evaluation forms the basis for strategic refinement in both the 12 districts from which UNICEF support will be withdrawn and in the 4 districts where UNICEF support will be intensified. Information was collected at 70 sites, with almost 1,500 households contributing to the data collection. Schoolteachers, parents and representatives of local authorities were interviewed in-depth, and focus group discussions were held.

51. Aggregate results revealed that four out of five respondents knew why handwashing was necessary, and almost two in three washed their hands before and after eating, after defecation and before cooking. The evaluation revealed that there is a wide variation between districts in terms of knowledge, access to facilities and practices by location. Project stakeholders conclude that factors other than knowledge are important to promote the desired behavioural changes. The evaluation pointed towards the following contextual and programmatic factors to explain in part the wide variations: project duration by location; the intensity and mix of application of the three strategic components; access to improved water points; ethnic composition; cultural norms; educational levels; and relative income and wealth of communities. The evaluation also revealed variations in implementation of the basic sanitation package that could be improved by more skilled facilitation in some locations. Why the contrasts in hygiene behaviour are so great between different areas remains, for now, a mystery. However, analysing and quantifying the factors that cause the diversity are beyond the scope of the periodic evaluations of the project. Given the range of knowledge and behaviour by areas, the basic sanitation package strategy needs to be fine-tuned to respond to local conditions and demand through bottom-up processes. The modified strategy will continue to be used in components focused on water supply and sanitation under the integrated decentralized approach, which UNICEF will be supporting in the new country programme. This approach will be conducive to designing differentiated interventions that address local conditions based on a better understanding of the specific factors affecting hygiene behaviour in the focus districts.

Evaluation of the UNICEF contribution to the Education for All assessment in South Asia

52. In South Asia, EFA 2000 Assessment activities began in 1998 through collaboration between Governments and the EFA Forum partners (UNDP, UNICEF, the United Nations Educational, Scientific and Cultural Organization, the United

Nations Population Fund and the World Bank). UNICEF in South Asia provided many forms of assistance throughout South Asia aimed at assessing the extent to which countries had attained their EFA goals. The assessment highlighted progress and shortcomings, and has led to identifying solutions and policies for the twenty-first century.

53. The assessment showed that education achievements in South Asia are characterized by remarkable improvements in access and participation rates in basic education in most of the member States, but worryingly low learning achievement region-wide. One example will suffice to illustrate this trend. A study in Madhya Pradesh found that 70 per cent of grade four and 60 per cent of grade five students had not mastered the competencies in Hindi and mathematics expected of grade two students. Regrettably, the overall impression emerging from the EFA 2000 Assessment is that the gains made in improving access and participation have been accompanied by a diminution in the quality of learning.

54. UNICEF contributions region-wide to the EFA 2000 Assessment process took many forms, including from technical, financial and leadership, and extended from the second half of 1998 until April 2000. Education and evaluation officers in all South Asia offices provided technical assistance in interpreting and applying the guidelines issued by the EFA Forum. They helped Governments collect and analyse data from multiple sources, compile tables of education indicators, and write and publish country reports. The assistance usually involved technical workshops and advisory services covering many aspects of primary education. For instance, in Bangladesh, UNICEF funded the compilation of the EFA education indicator tables and the writing and publishing of country reports. In Nepal, UNICEF funded the collection of enrolment data related to the country's basic primary education programme, and in India, it funded a number of special studies directed at estimating national expenditure on basic education over the decade. Because of the paucity of data on learning achievement, UNICEF in Afghanistan, Bangladesh, Maldives, Pakistan and Sri Lanka commissioned special studies to assess attainment of basic learning competencies by children nearing the completion of the primary cycle. A key UNICEF contribution was an insistence on valid and reliable data forming the basis upon which national assessments could be made. In this connection, UNICEF South Asia's development of the ChildInfo data management system was crucial in that it provided a software tool that was invaluable for analysing subnational distributions of important education indicators. The key UNICEF contribution was that its involvement in the assessment revealed the poor state of many of the education databases developed by Governments in South Asia in the 1990s. Promoting girls' education is now becoming the leading focus of UNICEF activities in South Asia. As a result of the lessons learned in the EFA assessment, a role for UNICEF in improving education evaluation systems is being explored as a key element of its evolving strategic approach.